## State of California Governor's Office of Criminal Justice Planning

## FORENSIC MEDICAL REPORT: ACUTE (<72 HOURS) CHILD/ADOLESCENT SEXUAL ABUSE EXAMINATION

**OCJP 930** 



For more information or assistance in completing the OCJP 930 please contact University of California, Davis California Medical Training Center at: (916) 734-4141

This form is available on the following Web site: www.ocjp.ca.gov

## FORENSIC MEDICAL REPORT: ACUTE (<72 HOURS) CHILD/ADOLESCENT SEXUAL ABUSE EXAMINATION STATE OF CALIFORNIA OFFICE OF CRIMINAL JUSTICE PLANNING

## **OCJP 930**

3. Age   DOB   Gender   M   F   Ethnicity   Arrival Date   Arrival Time   Discharge Date   Discharge Time   4. Name of :   Mother   Stepmother   Guardian   Address   City   County   State   Telephone   W:   H:   5. Name of :   Father   Stepfather   Guardian   Address   City   County   State   Telephone   W:   H:   6. Name(s) of Siblings   Gender   Age   DOB   Name(s) of Siblings   Gender   Age   DOB   Name(s) of Siblings   Gender   Age   DOB    M   F     M   F     M   F   M		al Document							Patient Identifi	cation		
2. Address City County State Telephone 3. Age DOB Gender Ethnicity Arrival Date Arrival Time Discharge Date Discharge Time 4. Name of:   Mother   Stepmother   Guardian Address City County State Telephone With Helphone City County City City County City City County			MATION (prin	t or type)		Name	of Medi					
3. Age   DOB   Gender   Ethnicity   Arrival Date   Arrival Time   Discharge Date   Discharge Time   4. Name of   Mother   Stepmother   Guardian   Address   City   County   State   Telephone   H:   5. Name of   Father   Stepfather   Guardian   Address   City   County   State   Telephone   H:   6. Name(e) of Siblings   Gender   Age   DOB   Name(e) of Siblings   Gender   Age   DOB   6. Name(e) of Siblings   Gender   Age   DOB   Name(e) of Siblings   Gender   Age   DOB   6. Name(e) of Siblings   Gender   Age   DOB   Name(e) of Siblings   Gender   Age   DOB   6. Name(e) of Siblings   Gender   Age   DOB   Name(e) of Siblings   Gender   Age   DOB   6. Name(e) of Siblings   Gender   Age   DOB   Name(e) of Siblings   Gender   Age   DOB   6. Name(e) of Siblings   Gender   Age   DOB   Name(e) of Siblings   Gender   Age   DOB   6. Name(e) of Siblings   Gender   Age   DOB   Name(e) of Siblings   Gender   Age   DOB   6. Name(e) of Siblings   Gender   Age   DOB   Name(e) of Siblings   Gender   Age   DOB   6. Name(e) of Siblings   Gender   Age   DOB   Name(e) of Siblings   Gender   Age   DOB   6. Name(e) of Siblings   Gender   Age   DOB   Name(e) of Siblings   Gender   Age   DOB   6. Name(e) of Siblings   Gender   Age   DOB   Name(e) of Siblings   Gender   Age   DOB   6. Name(e) of Siblings   Gender   Age   DOB   Name(e) of Siblings   Gender   Age   DOB   6. Name(e) of Siblings   Gender   Age   DOB   Name(e) of Siblings   Gender   Age   DOB   6. Name(e) of Siblings   Gender   Age   DOB   Name(e) of Siblings   Gender   Age   DOB   6. Name(e) of Siblings   Gender   Age   DOB   Name(e) of Siblings   Gender   Age   DOB   6. Name(e) of Siblings   Gender   Age   DOB   Name(e) of Siblings   Gender   Age   DOB   7. Gender   Gender   Age   DOB   Name(e) of Siblings   Gender   Age   DOB   DOB   7. Gender   Age   DOB   Name(e) of Siblings   Gender   Age   DOB   DOB   DOB   7. Gender   Age   DOB   Name(e) of Siblings   Gender   Age   DOB   DOB	1. Name of p	atient						Patient	ID number			
4. Name of:   Mother   Stepnother   Guardian   Address   City   County   State   Telephone   W: H: H: Telephone   W: H: H: Telephone   W: H: H: H: Telephone   W: H: H: Telephone   W: H: H: H: Telephone   W: H: H: H: Telephone   W: H: H: Telephone   Telephone   W: H: H: Telephone   W: H: Telephone   Telephone   W: H: Telephone   Telephone   W: H: Telephone   Telephone	2. Address				City			County	State		Teleph	ione
S. Name of:   Father   Stepfather   Guardian   Address   City   County   State   Telephone   H: H: H: Telephone   H: H: H: W:	3. Age	DOB		Ethnicit	у	Arriv	al Date	Arrival Time	Discharge Da	ate	Discharg	e Time
B. REPORTING AND AUTHORIZATION   Mr F	4. Name of :	☐ Mother	☐ Stepmother	☐ Guardian	Addro	ess	City	County	State		W:	ione
6. Name(s) of Sibilings   Gender   Age   DOB   Name(s) of Sibilings   Gender   Age   DOB	5. Name of :	☐ Father	☐ Stepfather	☐ Guardian	Addro	ess	City	County	State		W:	ione
B. REPORTING AND AUTHORIZATION Jurisdiction (city county other):  1. Telephone report made to Name Agency ID number Telephone  Law Enforcement Agency ID number Telephone  2. Responding Personnel (to medical facility) Name Agency ID number Telephone  Law Enforcement And/or Child Protective Services Name Agency ID number Telephone  Law Enforcement And/or Child Protective Services Name Agency ID number Telephone  Law Enforcement And/or Child Protective Services Name Agency ID number Telephone  Law Enforcement And/or Child Protective Services Name Agency ID number Telephone  Law Enforcement And/or Child Protective Services Name Agency ID number Telephone  Law Enforcement And/or Child Protective Services Name Agency ID number Telephone  Law Enforcement Name Agency ID number Telephone  Law Enforcement On Name Agency ID number Telephone  Law Enforcement On Name Agency ID number Telephone  Law Enforcement On Name Agency ID number On Name Agency In Name Agency In Name Agency In Name Authorization Agency:  Authorizing party:  ID number: Date/time: Telephone Date Time Case number  C. CONSENT FOR EXAMINATION BY PATIENT/PARENT/GUARDIAN Note: Parental consent is not required for a suspected child sexual abuse examination if the child is in protective custody. Family Code Section 6927 permits minors (12 to 17 years of age) to consent to medical examination, treatment, and evidence collection for sexual assault without parental consent. See instructions regarding parental notification requirements for minors.  • I hereby consent to a forensic medical examination for evidence of sexual abuse. I understand that collection of evidence may include photographing injuries and that these photographs may include the anal-genital area (private parts). I further understand that medical providers are required to notify child protective aughorized from this repeated on the solid abuse; and, if child abuse is found or suspected, this form and any evidence coblained will be released to a child protective agency.  I have been informed that v	6. Name(s) o	f Siblings		Gender	Age	DOB	Name(s)	of Siblings		Gende		DOB
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Law Enforcement and/or Child Protective Services   2. Responding Personnel (to medical facility) Name Agency ID number Telephone  Law Enforcement and/or Child Protective Services   3. Assigned investigator (if known) Name Agency ID number Telephone  Law Enforcement and/or Child Protective Services   4. Authorization for evidential exam requested by law enforcement or child protective services agency  I request a forensic medical examination for suspected sexual abuse at public expense.  Telephone Authorization Agency: Authorization Agency: Authorizing party: ID number: Date/time:  C. CONSENT FOR EXAMINATION BY PATIENT/PARENT/GUARDIAN Note: Parental consent is not required for a suspected child sexual abuse examination if the child is in protective custody. Family Code Section 6927 permits minors (12 to 17 years of age) to consent to medical examination, treatment, and evidence collection for sexual assault without parental consent. See instructions regarding parental notification requirements for minors.  • I hereby consent to a forensic medical examination for evidence of sexual abuse. I understand that collection of evidence may include photographing injuries and that these photographs may include the anal-genital area (private parts). I further understand that medical providers are required to notify child protective authorities of known or suspected child abuse; and, if child abuse is found or suspected, this form and any evidence obtained will be released to a child protective agency.  • I have been informed that victims of crime are eligible to submit crime victime compensation claims to the State Victims of Crime (VOC) Restitution Fund for out-of-pocket medical expenses, psychological consoning, loss of wages, and job retraining/rehabilitation.  • I understand that data without patient identity may be collected from this report for health and forensic purposes and provided to health authorities and other qualified persons with a valid educational or scientific interest for demographic and/or epidemiologi				HON	Name	Julist				nber	Teleni	hone
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Signature	pho pro this • I ha Re • I ui	otographing in oviders are re- s form and an ave been info stitution Fund nderstand tha	njuries and that quired to notify on y evidence obta rmed that victim I for out-of-pock It data without p	these photo child protect ined will be s of crime a et medical e atient identit	graphs mive authouseleased in the eligible expenses by may be	nay includerities of left to a children to subnary, psycholer collecte	de the ana known or s d protectiv nit crime v ogical cou ed from this	I-genital area (privesuspected child above agency. ictim compensations of was report for health	rate parts). I furth ruse; and, if child on claims to the S ages, and job retro and forensic purp	ner unde abuse is tate Victi raining/re poses an	rstand that found or ims of Cri ehabilitation d provide	at medical suspected, me (VOC) on. ed to health
	Sig	nature						Datient	□Parent	i	□Guard	lian
DISTRIBUTION OF OCJP 930	Original	– Law Enforce	ment Conv	/ – Child Prot	ective Ser			ithin evidence kit – (	Crime Lah	1Cony - !	Medical Fa	cility Record

D.	PATIENT HISTORY					1						
1.	Record time or time frame	Date(s)	Time	or time fra	me							
	of the incident(s)	, ,										
	Less than 72 hours											
	Multiple incidents over time											
2.	Pertinent physical surroun	dings of al	ouse/assa	ult:								
										Dational Islandicia	•••	
3.	Record patient's name for: Female genitalia		4. Alleg	ed perpetra	tor(s) name(	s)		Age	Gender	Patient Identification Ethnicity		hip to Patient Unknown
	Male genitalia		#1.						M F		Tallowii	OTIKIOWII
	Breasts		#1.						M F			
			#3.						M F			
Ē.	Anus ACTS DESCRIBED BY	/ HISTOI							IVI F			
<u>-</u> -	Name of historian		ationship	to nationt	History obta	aine	d hv:	Т.	elephone	Agency	☐ Not app	nlicable
	Name of mistorian	l lei	ationsinp	to patient	Thistory obta	anne	u by.	"	elephone	Agency	□ Νοι αργ	Dilcable
		No	Yes	Attempte	ed Uns	ure	N/A	Descri	be pain ar	nd/or bleeding and	d additional pe	rtinent history:
	Genital/vaginal contact/penet	tration by:										
	Penis											
	Finger											
	Object (Describe)					_						
	Associated pain?					_						
					_	_ _						
	Associated bleeding?	Ш	Ш		L			-				
	Anal contact/penetration by:				г	_						
	Penis				_	_						
	Finger				_							
	Object (Describe)				L							
	Associated pain?											
	Associated bleeding?				[							
	Oral copulation of genitals:											
	Of patient by assailant											
	Of assailant by patient				[							
	Oral copulation of anus:											
	Of patient by assailant				Г	7						
						_						
	Of assailant by patient	Ш	Ш	ш	L	_	ш					
	Anal/genital fondling:		П	П	г	7	П					
	Of patient by assailant	_	_		L	_		-				
	Of assailant by patient				L		Ш					
	Non-genital act(s)?			r	_			-				
	If yes: ☐Fondling ☐Lick	_		tion Injury l	_	_						
	Other acts? (Describe)							-				
	Did ejaculation occur?				L							
	If yes, note location(s):											
	$\square$ Mouth $\square$ Vagina $\square$ I	Body surfac	ce 🗌 On b	pedding								
	☐ Anus/Rectum ☐	On clothing	Othe	er								
	Contraceptive or lubricant pro	oducts?	□No		□Yes							
	If yes, note type/brand: $\Box$	Foam	☐ Jelly	Lubricant	☐ Condom	1						
	Were force or threats used?	□No	☐ Yes ☐	∃Force □	Threats							
	Were weapons used?	□No	☐ Yes									
	If yes, describe:											
	Were pictures/videotapes tak		nown □?	□No	☐Yes							
	If yes, note type(s):	Pictu		□Video								
	Were drugs $\square$ or alcohol $\square$		□No	□ Yes*	apos							
	•	useu!										
	Loss of memory?		□No	☐ Yes*								
	Lapse of consciousness?		□No	☐ Yes*								
	Vomited after act(s)?		□No	□Yes								
	Behavioral changes in patien		□No	□Yes								
*Co	llection of toxicology sample	es is recor	nmended	according t	o local polic	y.						

1. Acts disclosed by patient to:		Law E	nforcement Office	er						
☐ Medical Examiner		Multi-d	lisciplinary Intervi	iew Team	1					
☐ Social Worker		Other:								
	No	Yes	Attempted	Unsure	N/A	Patient Identi				
Genital/vaginal contact/penetration	n by:					G. MEDICAL HISTORY (to be completed			_	
Penis						1. Name of person providing history Rela	ationship to	patient	Date	Time
Finger						0. A		- 1		V
Object (Describe below)						2. Any recent (60 days) anal-genital injuri	_	es, N	10	Yes
Associated pain?						diagnostic procedures, or medical trea may affect the interpretation of physica			٦	
Associated bleeding?						3. Any other pertinent medical conditions	_		_	
Anal contact/penetration by:						affect the interpretation of physical fine	_		٦	
Penis						4. Any pre-existing physical injuries?	unigo.		_	
Finger						5. Any previous history of physical abuse	e and/or	_	_	
Object (Describe below)						neglect?				
Associated pain?						6. Any previous history of sexual abuse?	•			
Associated bleeding?						7. Other intercourse? (For adolescents onl				
Oral copulation of genitals:						If yes,	• /		_	_
Of patient by assailant						anal (within past 5 days)? When _				
Of assailant by patient						vaginal (within past 5 days)? When _				
Oral copulation of anus:	_	_		_	_	oral (within past 24 hours)? When _			]	
Of patient by assailant						If yes, did ejaculation occur?			]	
Of assailant by patient						If yes, where?				
Anal/genital fondling:						If yes, was a condom used?			]	
Of patient by assailant								_	_	_
						8. Menstrual periods?If yes, age of menaro	che:			
Of assailant by patient			Ш			Last menstrual period:	<del>_</del>			<u> </u>
Non-genital act(s)?			Custion injune	□ Ditio		9. Other symptoms disclosed	by patient		y histo	
If yes: Fondling Licking		ssiriy	☐ Suction injury		y	Abdominal/polyic pain	No Yes	-		s Unk
Other acts? (Describe below)						Abdominal/pelvic pain Pain on urination				
Did ejaculation occur?						Genital discomfort or pain				
If yes, note location(s):						Genital itching				
☐ Mouth ☐ Vagina ☐ Boo			☐ On bedding			Genital discharge				
☐ Anus/Rectum ☐ On		-	Other			Genital bleeding				
Contraceptive or lubricant product			☐ Yes			Rectal discomfort or pain				
If yes, note type/brand:		-				Rectal itching				
Were force or threats used? $\square$ No			☐ Force ☐	Threats	_	Rectal bleeding			 	
Were weapons used?	)	Yes			Ш	Constipation				
If yes, describe:						Other				
Were pictures/videotapes ☐ tak	en or [	show				If yes, describe onset, duration, and inten	nsity:			
If yes, note type(s):		Picture	es 🔲 Videota	pes	_					
Were drugs $\square$ or alcohol $\square$ used	?	No	☐ Yes*			10. Post-assault hygiene activity	by patient	: b	y hist	orian:
Loss of memory?		No	☐ Yes*			☐ Not applicable if over 72 hours				
Lapse of consciousness?		No	☐ Yes*				No Yes	\ \ \	lo Yes	s Unk
Vomited after act(s)?		No	☐ Yes			Urinated				
Behavioral changes?		No	☐ Yes			Defecated				
*Collection of toxicology samples	is rec	ommen	ded according to I	ocal polic	y.	Genital or body wipes				
2. Describe pain and/or bleeding	g (usir	g patie	ent's exact word	is)		If yes, describe: Douched				
and additional pertinent histo	ry froi	m abov	/e.			If yes, with what?				
						Removed/inserted tampon diaphragm				
						Oral gargle/rinse				
						Bath/shower/wash			_ L	
						Brushed teeth				
						Ate or drank				_
						Changed clothing		-		_
						If yes, describe:		l L	Ј Ц	
						, , ,				

F. ACTS DESCRIBED BY PATIENT

		1 8:07	010.1.	=>/											
		L PHY				<b>)N</b> /e numbering	. avatam								
1. BP	Pulse	Resp	Temp			2. Exam		Exam C	ompleted						
			•			Date	Time	Date	Time						
3. Fei	 male Tar	nner Stag	ne – Bre	east 1		 2	<u>└</u> 3 🗍	4 🗌	5 🗌						
	Describe general physical appearance.														
- D-	Describe general demeanor and relevant statements made during exam.														
5. De	scribe g	enerai de	emeano	or and re	evant st	atements	made du	ırıng exai	n.						
6. De	scribe c	ondition	of cloth	ning upo	n arrival.	•									
7 0-				Al- ! !£ !			Nationalia				Detient Identification				
		er and u physical				i Findings	Not indic	No Findir	nae		Patient Identification			-	
		am withi				_		If no, des	-						
										the entire boo	dy with a Wood's Lamp.				
		☐ No Fi				_			•						
10. Co	llect find	gernail s	craping	s or cutt	ings acc	ording to	local pol	licy.							
Diagran	n A								Diagram B						
			(	Λλ. ∓ ∓	)						( )				
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			4	(پ	لسر						MM				
						L	EGEN	D: Type	es of Finding	S					
	rasion			wab DS	Dry Secre	etion	HC Hy	menal Clef	t OI Other Ir	ijury <b>P</b>		SW		4	
<b>AHT</b> Ab Hy	sent menal Tis		Congenit Variation	al EC ER	Erythema	sis (bruise) (redness)		duration cised Woun			<b>GW</b> Possible Genital Wart <b>S</b> Potential Saliva	TB TE	Toluidine Blue⊕ Tenderness		
<b>AL</b> An BI Bit	al Laxity		Debris Deformity	FB / F/H	Foreign B	Body		ceration	OT Other on PW Periana	S I Wart S	<ul><li>H Submucosal Hemorrhage</li><li>HX Sample Per History</li></ul>	V/S VL	Vegetation/Soil Vesicular Lesion		
BU Bu			Discharge		Granulation				n Materials (descr		I Suction Injury	WL		_	
Locat	or#	Туре			Descrip	tion			Locator #	Туре	Descri	ption		_	
									1		1			_	

I.	HEAD NECK AND ODAL EVAMINATION	
1.	HEAD, NECK, AND ORAL EXAMINATION  Record all findings using diagrams, legend, and a consecutive numbering system	m.
1.	Examine the face, head, hair, scalp, and neck for injury and foreign ma	
2.	☐ Findings ☐ No Findings  Exam method:	
۷.	☐ Direct visualization ☐ Colposcope ☐ Other magnification	1
3.	Collect dried and moist secretions, stains, and foreign materials from	the face,
	head, hair, scalp, and neck. ☐ Findings ☐ No Findings	
4.	Examine the oral cavity for injury and foreign materials. Collect foreig	ın erine
	materials.  ☐ Findings ☐ No Findings	
5.		
	prepare one dry mount slide from one of the swabs.	
<u>6.</u>	Collect head hair reference samples according to local policy.	Patient Identification
Diaç	gram C	Diagram D
	A	/2
	I Brown Athle	
	1366	
	E TOT TOT I	
	/\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	61 2/
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		, , , , , , , , , , , , , , , , , , ,
		1. E 25.0
Diag	gram E	Diagram F
Dia	grain E	Diagram F
	13	
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	1) <b>Y</b>	
	LECEND. Time	a of Findings
AB	Abrasion CS Control Swab DS Dry Secretion HC Hymenal Clef	•
	Absent CV Congenital EC Ecchymosis (bruise) IN Induration	(describe) <b>PGW</b> Possible Genital Wart <b>TB</b> Toluidine Blue⊕
AL	Hymenal Tissue Variation ER Erythema (redness) IW Incised Woun Anal Laxity DE Debris FB Foreign Body LA Laceration	d OSC Other Skin Condition PS Potential Saliva TE Tenderness OT Other SH Submucosal Hemorrhage V/S Vegetation/Soil
BI BU	•	on <b>PW</b> Perianal Wart SHX Sample Per History VL Vesicular Lesion n Materials (describe) SI Suction Injury WL Wood's Lamp⊕
	ocator # Type Description	Locator # Type Description
	DECORD ALL OLOTHING AND OD	ECIMENS COLLECTED ON DAGE 0
	RECORD ALL CLOTHING AND SP	ECIMENS CULLECTED ON PAGE 8

J.	GENITA	AL E	XAMIN	IATION - FI	EMAL	ES				
	Record all	l findii	ngs using	diagrams, lege	end, an	d a cons	ecutive numbe	ering :	system.	
1.	Examine	the i	nner thic	ghs, external	genita	lia, and	perineal are	a.		
2.	Exam me			Direct visualiza	-		-		er magnification	
	Exam po				aration		raction		e Chest	
	Supine		,	<b>545</b> . Cop.				14110		
	Prone	•								
	☐ Saline/	ΛΝοtο	- Г	☐ Moistened s	_		ー Toluidine Blue	. D.		
	☐ Cathet			⊒ Moisterieu s ີ Other:	wab	ш	TOTUIQITIE DIU	э Буе	<del>,</del>	Patient Identification
3.	Genital T					3 🗌	4 🗌	5 🗆	1	Diagram the position that best illustrates your findings.
-			•						re abuse/assault	Diagram G Genitalia - Supine
4.					ieck ti	IE ADIN I	oox(es) ii tile	ere ar	re abuse/assauit	Diagram & Germana - Supme
	related fi	inaing	gs and d		<b></b>	454	D 11			\/
					/NL	ABN	Describe:			
	Inner thig			_						
	Inguinal a		patny							
	Labia ma			_						
	Labia mir									16
	Clitoral ho									
	Perineum									-
							-			-
	Perihyme			,						- A A A A A A A A A A A A A A A A A A A
	Hymen			_ Prone						-
			ohology:							
	Ann									
	☐ Cres									- // V
	☐ Impe		te							
	☐ Sept	tate								
	Fossa na	vicula	ıris	-						-
	Posterior	fourc	hette	[						- I
	Vagina (p	ubert	al adoles	scents)						-
	Cervix (p	oubert	al adoles	scents) [						_
	Discharge	e 🗆	No [	Yes						
	If yes,	descr	ibe:							
	No Findin	ngs 🗆	]							
5.	Collect d	Iried a	and mois	st secretions,	stains	s, and fo	reign mater	ials.	Scan the area	Diagram H Genitalia - Knee-Chest
	with a W	ood's	Lamp.	☐ Fi	ndings	;	☐ No Findin	ıgs		
6.				epare slides.						And the state of t
	Prepul			vulvar and 2	vootib	ular aw	aha			and the second second
	Puberi			vuivai aliu 2	vestib	ulai Swa	aus.			
				rom the vagii	nal po	ol.				
				mount and or						I
_				swabs (if ov						
7. 8.				nbing or brus erence sample				v. [	☐ Not applicable	
	2 2 11 2 0 t p			LEGEND				, .	applicable	
AB	Abrasion		<b>DF</b> Defo	rmity	LA	Laceration		SH	Submucosal	
AHT	Absent		<b>Disch</b>	narge	MS	Moist Se		01117	Hemorrhage	
	Hymenal Tissue			Secretion ymosis (bruise)	OF	Other Fo	reign s (describe)	SHX	Sample Per History Suction Injury	
AL	Anal Laxity	/ E	R Eryth	iema (redness)	OI	Other Inj	ury (describe)	SW	Swelling	
BI BU	Bite Burn		<b>B</b> Forei	ign Body /bair	OSC OT	Other Sk Other	in Condition	TB TE	Toluidine Blue⊕ Tenderness	W .
cs	Control Sw			ulation Tissue	PW	Perianal	Wart		Vegetation/Soil	
CV	Congenital			enal Cleft	PE	Petechia		VL	Vesicular Lesion	
DE	Variation Debris			ation ed Wound	PGW PS	Possible Potential	Genital Wart Saliva	WL	Wood's Lamp⊕	E at
	ator#	_	уре				ription			
										2/2+7+7+
		-								4

K.	GENITAL EXAMINATION – MALES	
	Record all findings using diagrams, legend, and a consecutive numbering system.	
1.	Examine the inner thighs, external genitalia, and perineal area.	
2.	<b>Exam method:</b> Direct visualization Colposcope Other magnification	
	Exam positions/methods:	
	☐ Supine ☐ Prone ☐ Moistened swab	
	☐ Toluidine Blue Dye ☐ Other:	
3.	Genital Tanner Stage 1 2 3 4 5	†
4.	Circumcised: No Yes	
5.	Check the ABN box(es) if there are abuse/assault related findings and describe.	Patient Identification
•	WNL ABN Describe:	Diagram I - Penis
	Inner thighs      Social State   Soc	
	Inguinal adenopathy      Inguinal adenopathy    Inguinal adenopathy   Inguinal adenopath	
	Perineum	
	Foreskin	
	Glans Penis	
	Penile shaft	( ) L
	Urethral meatus	
		7 3
	Scrotum	
	Discharge No Yes If yes, describe:	*
	No Findings	~ ~
6.	Collect dried and moist secretions, stains, and foreign materials. Scan the	
	area with a Wood's Lamp.	
7.	Collect pubic hair combing or brushing.	
8.	Collect pubic hair reference samples according to local policy.   Not applicable	
9.	Collect 2 penile swabs, if indicated by assault history.	Diagram J - Penis
10.	Collect 2 scrotal swabs, if indicated by assault history.	
<u>L.</u>	FEMALE/MALE ANAL AND RECTAL EXAMINATION	
1.	Examine the buttocks, perianal skin, and anal folds for injury, foreign	
	materials, and other findings.	1. 1
2.	Record exam positions, methods, observations:	
	☐ Direct visualization ☐ Colposcope ☐ Other magnification	
	Exam positions Observation Observation with traction	
	Supine	
	Supine knee chest	*
	Prone knee chest	*
	Lateral recumbent	
	Exam methods:   Moistened swab   Toluidine blue dye   Anoscopy   Other:	
3.	Check the ABN box(es) if there are abuse/assault related findings and describe any	Diagram K - Anus Supine
	abnormal or unusual findings.	Blagfall K Allas Sapille
	□ No Findings WNL ABN Describe:	400
	Buttocks	1
	Perianal skin	1. P**
	Anal verge/folds/rugae	*
	Rectum	700
	Anal dilation No Yes If yes: Immediate Delayed	ASSES 100
	Stool present in rectal ampulla $\square$ No $\square$ Yes $\square$ Undetermined	, ě.
4.	Collect dried and moist secretions, stains, and foreign materials.	
٠.	☐ Findings ☐ No Findings	
5.	Collect 2 anal and/or rectal swabs and prepare one dry mount slide.	
5. 6.	Rectal bleeding: No Yes If yes, describe:	TO A SALE COME.
<u>.                                    </u>	LEGEND: Types of Findings	Diagram L - Anus Prone
AB	Abrasion DF Deformity LA Laceration SH Submcosal	Diagram 2 /mas rons
	Absent DI Discharge MS Moist Secretion Hemorhage	
	Hymenal DS Dry Secretion OF Other Foreign SHX Sample Per History	M Martin
AL	Tissue EC Ecchymosis (bruise) Materials (describe) SI Suction Injury Anal Laxity ER Erythema (redness) OI Other Injury (describe) SW Swelling	
BI	Bite FB Foreign Body OSC Other Skin Condition TB Toluidine Blue⊕	
BU	Burn F/H Fiber/hair OT Other TE Tenderness Control Swab GT Granulation Tissue PW Perianal Wart V/S Vegetation/Soil	
CS CV	Control Swab GT Granulation Tissue PW Perianal Wart V/S Vegetation/Soil Congenital HC Hymenal Cleft PE Petechiae VL Vesicular Lesion	
	Variation IN Induration PGW Possible Genital Wart WL Wood's Lamp⊕	- W-
	Debris IW Incised Wound PS Potential Saliva	
Loca	ator# Type Description	
		1-6
		===
		I

<u>М.</u> 1.	EVIDENCE Clothing pla							CRIME LAB	-											
<u></u>	Clothing pla	iceu iii evic	ience kit	Othe	ei cio	uning	piace	u III bays	1											
									1											
												Pa	atient	Identi	ficatio	n				
2.	Foreign mat	terials colle	ected						Q.		DING				PRE	TATIC	N			
				N	lo 1	Yes	Colle	ected by:	1.		l-Genit									
	Swabs/suspe				] ]				-		ormal a onorma				n					
	Dried secreti Fiber/loose h				]					□In	determi	inate a	anal-g	genital	exam					
	Vegetation	iaiis			]				2.		essmei				l Findi	ngs				
	Soil/debris				]				-		onsistei consist									
	Swabs/suspe				]				-		mited/Ir									
	Swabs/suspe				] 1				3.	Inter	pretati	ion of	Anal	-Genit						
	Swabs/Wood Control swab		ırea(s)	屵	]				-									sexual a		
	Fingernail sc		tinas		]						on spec exual al						abuse	or otne	r med	chanisms
	Matted hair o		iiigo		]												r sexua	al conta	ct	
	Pubic hair co	-	shings		]				4.		eed fur									
	Intravaginal f		/		J				5. 6.									Iter ass		
	Describe:				1				0.		mmen			regar	unig ii	illullige	s, iiitoi	pictati	0113,	ana
	Other types If yes, des	oribo:			J	Ш			1											
3.	Oral/genital/		samnles						1											
<u></u>	Oran gorman	# Swabs	# Slides		Tim	ne colle	cted	Collected by:	1											
	Oral							,												
	Vulvar								R.	М	EDIC	ΛΙΙ	ΛR	TFQT	S DE	BEO	BMF	<u> </u>		
	Vestibular								_	O Cultu		G		Chlamy				scribe:		Collected by:
	Vaginal									Oral			_							
	Cervical								١ ١	estibu/	ılar		]							
	Anal								١ ١	/aginal	l									
	Rectal									Cervica	al		]							
	Penile Seretal									Rectal			]							
	Scrotal Aspirate/was	hings (antion	al) 🗆 No 🗆	Vec						Penile		L	]							
4.	Vaginal wet			_ 165						Vet mo							, —			
	raginal wet	mount ond		lo	Yes	Time	e [	Examiner:		Serolog		yphilis		HIV 🗆		atitis L	J			
	Slide prepare	ed								regna Other to	ncy tes	St BIC	ooa∟	Urin	е⊔					
	Motile sperm	observed									IT NA	MES	OF	PFR	SONI	NFI II	NVO	VFD		
	Non-motile s	perm obser	ved								ken by:		<del>,                                    </del>	<u> </u>	<u> </u>	<u> </u>	1110		Teleph	none
<u>N.</u>	TOXICOL	OGY SAI	MPLES							-										
					lo Ye	es T	ime	Collected by:	Exa	ım per	formed	by:								
	Blood alcoho		(gray top tub	e)					Spe	cimen	s label	ed an	d sea	led by:						
_	Urine toxicol								ļ.											
<u>O.</u>	REFEREN	ICE SAM	PLES						Ass	isted b	oy:	N/	/A							
	Discol (Issues		. \		No	Yes	Colle	ected by:	Sig	nature	of exa	miner						L	icens	se No.
	Blood (laven	•	9)						╁		NENIO:	<u> </u>	CTD	DUT	ON			-	<u> </u>	TN TO:
	Blood (yellov Blood Card (										DENC					.:4\		-+'	GIVE	N TO:
	Buccal swab									ining ( dence	item(s)	not p	iaced	in evic	ence r	KIT)				
	Saliva swabs	,							-		e blood	camr	Noc							
	Head hair								_		y samp		)ics							
	Pubic Hair								_				OF C	FFIC	ER F	RECEI	VINC	EVIC	DEN	CE
<u>P.</u>	PHOTO D	OCUMEN	OITATIO	1 ME	THO	DDS														<del></del>
	No Y	es Colpo	scope/ N	Macrole	ens/	Colpo	scope	Other Optics	Sig	nature										
		35n	nm	35mn	m	Video	camer	a	Prir	nt nam	e and I	D#:								
Boo						_		<u> </u>	- Aae	encv:										
			_					Ш	-  -	-										
Pho	otographed by:								Dat	e:				Tele	phone	:				